

# Capital Development & Property update Royal Sussex County Hospital

Brighton and Hove Health Overview and Scrutiny Committee  
Wed 12 July 2023

# Contents

- ▶ Introduction to Capital Development and Property
  - ▶ James Millar - Deputy Director of Capital Development and Property
  - ▶ Mr Peter Larsen-Disney - Clinical Director 3Ts Redevelopment Programme
- ▶ Newly opened Louisa Martindale Building
- ▶ 3Ts stage 2&3, including new Sussex Cancer Centre
- ▶ Summary of further capital projects at RSCH
- ▶ Focus on £48m Acute Floor Reconfiguration programme
  - ▶ Gordon Houlston - Divisional Director of Operations | Medicine Division (RSCH)
  - ▶ Dr Maria Grech - Emergency Department Clinical Lead & Consultant (RSCH)
- ▶ Questions

# Introduction to Capital Development & Property

- ▶ **University Hospitals Sussex** – seven main hospitals in Sussex, including St Richard's in Chichester, Worthing Hospital, Southlands in Shoreham and Princess Royal in Haywards Heath
- ▶ **Brighton & Hove** – Royal Sussex County Hospital, Royal Alexandra Children's Hospital, and Sussex Eye Hospital
- ▶ **Capital budgets**
  - ▶ 2022/23 - £118m | RSCH £55m
  - ▶ 2023/24 - £106m | RSCH £39m
- ▶ **Scope, projects and aspirations**
  - ▶ Responsible for creation of new clinical and non-clinical space for the Trust and extensive refurbishment of existing spaces
  - ▶ Oversee the delivery and installation of highly complex services such as diagnostics, theatres, radiotherapy etc.
  - ▶ Manage the Trust's property portfolio including acquisitions and disposals

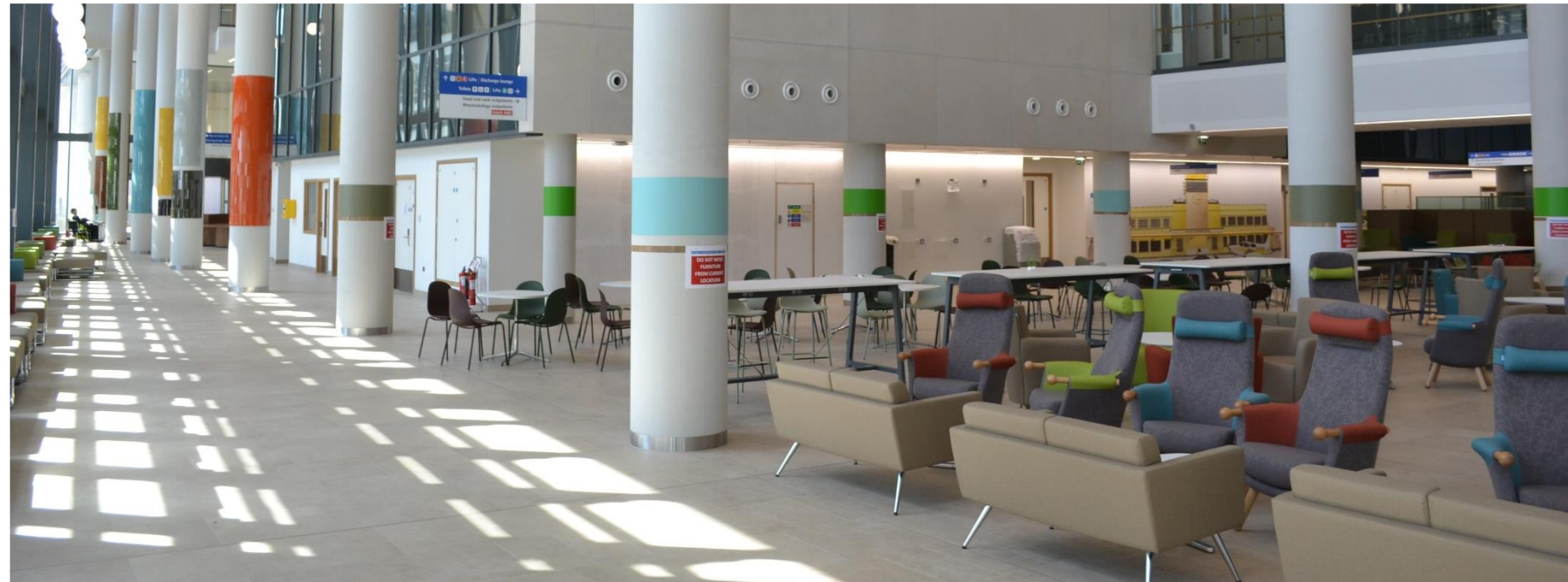
## 3Ts stage 1 – Louisa Martindale Building

- ▶ **State of the art** accommodation for outpatient, ward and specialist services that opened for patients last month.
- ▶ **Louisa Martindale Building** is the newest clinical building in NHS England. Alongside it is the Barry Building, the oldest.
- ▶ **Stunning sea views** from wards that are located in the upper half of the building.
- ▶ **65% of beds are in single rooms**, with the remainder in 4-bed single-sex bays.
- ▶ **Spacious and purpose designed** Outpatient services are located in the lower half of the building.
- ▶ **Better access from Welcome Space** and underground car park with 107 spaces for only patients and visitors.
- ▶ **£500m investment** is a once in a generation improvement, taking estate from C19th into C21st.



# 3Ts stage 1 – Louisa Martindale Building

- ▶ Right, main public waiting area, level 1
- ▶ Below, left to right,
- ▶ Rehabilitation terrace
- ▶ Imaging waiting room
- ▶ The Welcome Space
- ▶ Spacious 4-bed bay with sea views

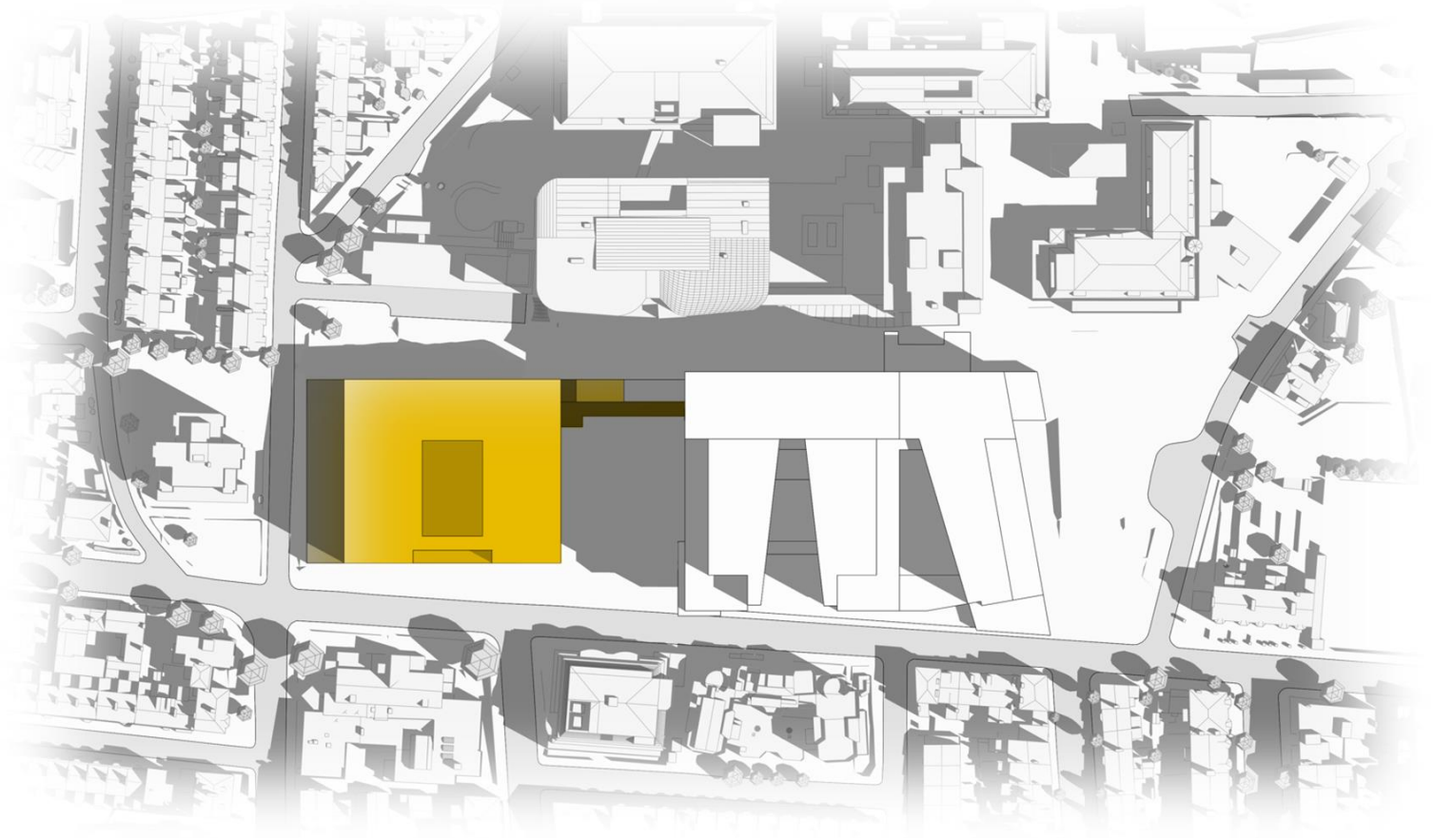


137



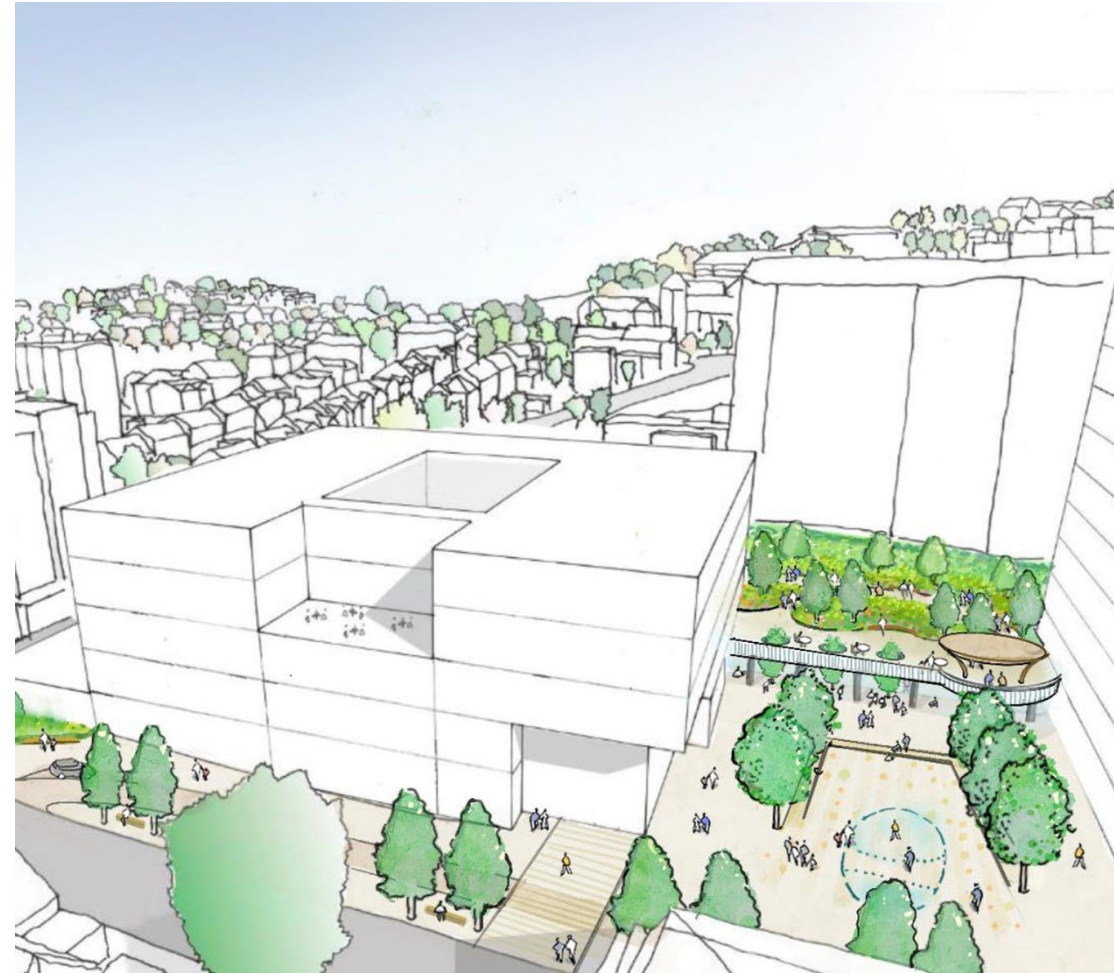
## 3Ts stage 2 & 3 – new cancer centre

- ▶ **Stage 2** - the C19th Barry Building is being demolished to make way for a Sussex Cancer Centre fit for the C21st
- ▶ Value of investment £154m
- ▶ Completion: Estimated 2026
  
- ▶ **Stage 3** - a new facilities yard for the RSCH estate
- ▶ Value of investment £17m
- ▶ Completion: Estimated 2027



# Sussex Cancer Centre improvements

- ▶ Our cancer outpatient, treatment and wards will be brought together for the first time
- ▶ The building is designed to support the complex care needs of patients with cancer
- ▶ The opportunity to expand both our chemotherapy and radiotherapy provision will:
  - allow more patients to be treated closer to home
  - enable the service to meet the important 31-day time to treatment targets for more patients
- ▶ The potential to expand ward capacity will reduce:
  - transfers to other hospitals and
  - daily journeys from other hospitals for in-patient treatments at the Sussex Cancer Centre



## Other RSCH capital projects 2023/24

- ▶ **New Paediatric Audiology department** with four acoustic booths, a vestibular room and ancillary spaces. An enabler for the Barry Building decant and 3Ts Stage 2. Recently completed. **£3.9m**
- ▶ **Cladding remediation project to enable helideck** to be safely used by larger helicopters carrying emergency patients without damaging the exterior of the higher levels of the Thomas Kemp Tower. **£1.05m**
- ▶ **Imaging system install** with 3 x CT, 2 x new X-Ray systems and a Fluoroscopy system, two of which are charity funded. **£2.6m**





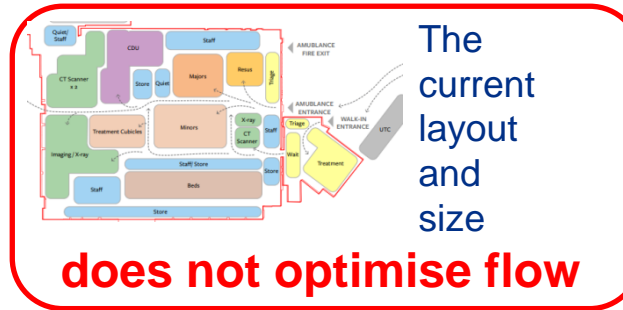
# Acute Floor Reconfiguration Overview

Gordon Houlston, Divisional Director of Operations | Medicine RSCH & PRH  
Dr Maria Grech - RSCH ED Clinical Lead & ED Consultant



# Why redevelop the Acute Floor at RSCH?

Facilities are **not fit for purpose** or in line with national standards



Modelling shows that **more clinical spaces** are needed to meet demand



142



Av. of **41.6%** of patients seen within **4 hrs**

Up to

**33** patients in the ED corridor and median of



**14**

**12hr** performance has been **steadily decreasing**



**Waiting** is a key theme in **37%** of A&E FFT responses



healthwatch  
Brighton and Hove

A&E needs “**additional space**” & “a clean environment where patients feel **safe**”



Emergency Care Improvement Support Team  
Safer, faster, better care for patients

Recommendations have been made to **improve** the physical department

# What do we want to achieve?

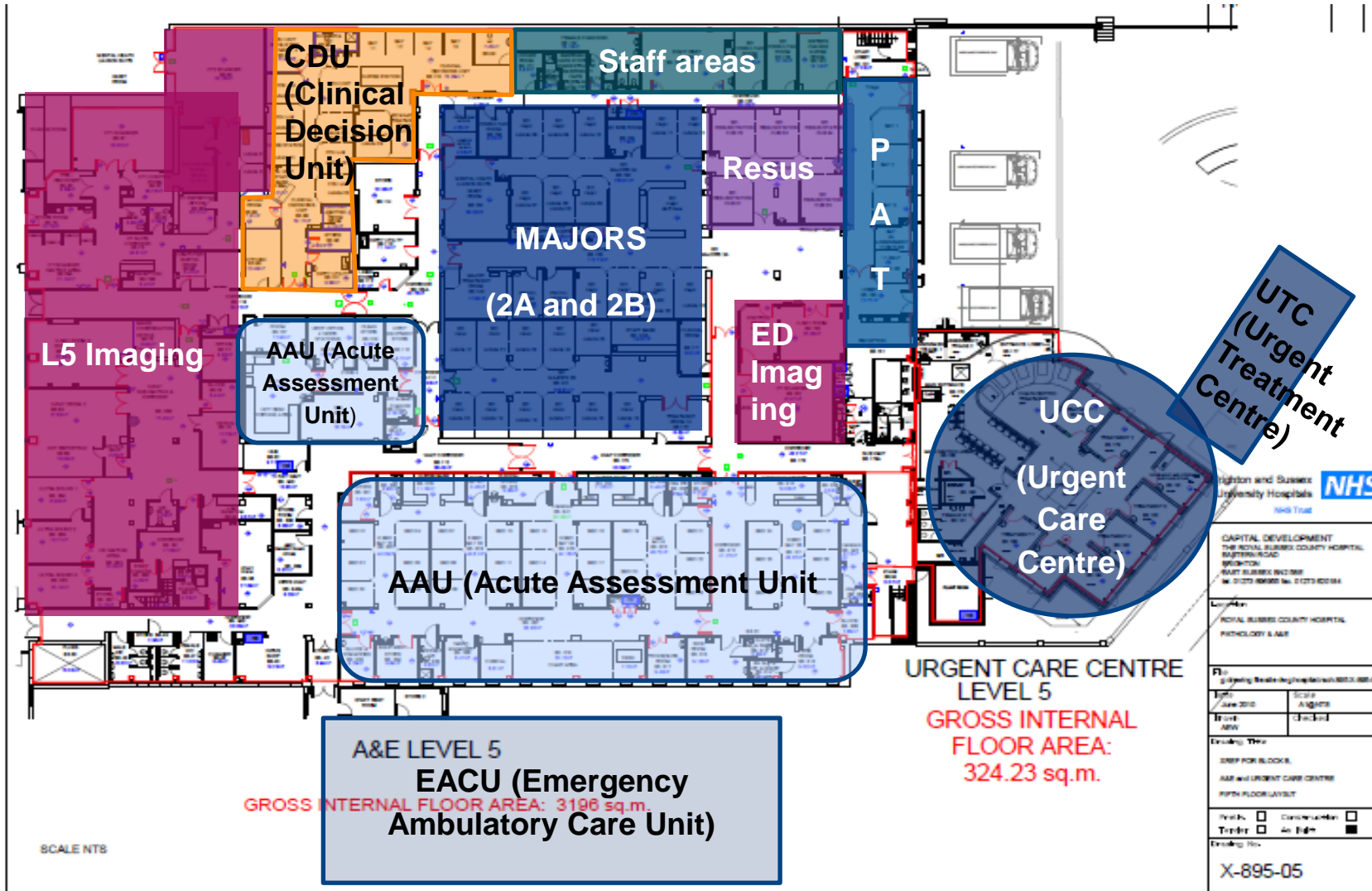
We have five key objectives:

- Improve the environment for patients and their families
- Improve the working conditions for staff
- Deliver national best practice and new models of care
- Increase size of Acute Floor, including resuscitation area, and reduce waiting times for patients
- Improve multidisciplinary teamwork that optimises clinical safety and reduces risk



**Aligns with True North for Patient, People, Quality, Sustainability and Systems & Partnerships**

# What current areas does it affect?



- ▶ Walk in entrance
- ▶ Urgent Treatment Centre, including waiting room and examination rooms
- ▶ Ambulance bays and arrivals
- ▶ Resus
- ▶ Patient Assessment and Triage (PAT)
- ▶ Majors cubicles
- ▶ Majors chaired area (Fit2Sit)
- ▶ Same Day Emergency Care (current Emergency Ambulatory Care Unit – EACU)
- ▶ Acute Assessment Unit (AAU)

# What has already happened?

- ✔ UHSussex Trust Management Board and the Sussex Integrated Care Board have agreed £48m investment to reconfigure the RSCH Acute Floor over the next 4 years
- ✔ A programme team and governance structure has been set up to oversee and manage delivery of the programme
- ✔ The clinical team have agreed a brief that sets out what is needed from the project
- ✔ A building contractor and architects have been employed and are developing designs with the Acute Floor clinical teams and managers. Initial layouts are being reviewed to maintain the programme and budget.
- ✔ The clinical team has reviewed the model of care and have developed a future model that will deliver improvements in patient journeys alongside the physical environment improvements.
- ✔ A clinical audit has been completed to make sure we understand the future demand for each area of the Acute Floor
- ✔ Work is also underway by the clinical team to review the workforce requirements for the new department, and test the impact of the new clinical model in the new department using patient flow simulation software

# What will the future department look like?



- ▶ Initial designs are still being developed and costed
- ▶ Department will increase in size by expanding into nearby areas recently vacated by other services moving to Louisa Martindale Building
- ▶ Clinical areas will be brought up to modern standards with larger and more cubicles across the department
- ▶ Some majors cubicles will be low sensory and suitable for patients with mental health issues
- ▶ The new department will deliver an expanded Resuscitation area, Patient Assessment & Triage (PAT) area, Urgent Treatment Centre waiting area and examination rooms and an improved environment throughout

# What will improve?

Patient First Theme	Description
Patient	<ul style="list-style-type: none"> <li>• Reduced crowding in Emergency Department (ED) majors and urgent care waiting room</li> <li>• Reduction in time to treatment, admission or discharge (4hr target)</li> <li>• Patients reporting a good or very good experience</li> <li>• Zero patients receiving corridor care</li> <li>• Increased privacy and dignity</li> </ul>
Sustainability	<ul style="list-style-type: none"> <li>• All walk in patients arrive through the Urgent Treatment Centre (UTC) front door</li> <li>• Clinical streaming from UTC for the sickest patients to majors or resuscitation area</li> <li>• Dedicated entrance for arrivals by ambulance</li> </ul>
People	<ul style="list-style-type: none"> <li>• Improved staff experience and facilities</li> <li>• Reduced staff turnover</li> <li>• Efficient working environment</li> <li>• Compliance with training requirements for all Emergency Department/Acute Floor staff</li> </ul>
Systems & Partnerships	<ul style="list-style-type: none"> <li>• Improve/consistently meet ambulance handover times against national standards</li> <li>• Increased streaming to ambulatory pathways (fit2sit)</li> <li>• Direct acceptance of GP expected patients to the assessment unit</li> </ul>
Quality	<ul style="list-style-type: none"> <li>• Improvement in patient outcomes</li> <li>• Reduction in patient harms</li> </ul>

147

# Next steps

## May/June 2023

- Refinement of the design by the capital and design team
- Clinical team to review the updated design
- Develop the overall phasing strategy
- Overall clinical model to be finalised including demand for units
- Test model using simulation software
- Workforce options and requirements
- Develop digital strategy
- Develop communication strategy

## July/August 2023

- Work starts to clear areas vacated by move to Louisa Martindale ahead of construction phase
- Continue with design stages ahead of construction
- Further refinement of phasing strategy and plans on how the department will continue to run
- Confirm benefits to be delivered
- Develop Outline Business Case (OBC)



# Summary

- ▶ The Acute Floor at RSCH has not been fit for purpose for a number of years but practicable solutions and funding have proved difficult to secure, until now
- ▶ The £48m reconfiguration programme has been made possible by the opening of the Louisa Martindale Building, enabling expansion into newly vacated space
- ▶ The construction project will be complex, with the Acute Floor remaining operational throughout – but the result will be a modern, purpose-designed emergency care environment for patients, their loved ones, and staff



# Questions

150

